#### **Application Data Sheet**

## **Application Information**

Application number::

Filing Date:: October 29, 2001

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art::

CD-ROM or CD-R?:: None

Number of CDs::

Number of Copies of CDs:: Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: Device and Method for the Cessation of Smoking

Attorney Docket Number:: 110001.123

Request for Early Publication?::

Request for Non-Publication?::

No
Suggested Drawing Figure::

1
Total Drawing Sheets::

2
Small Entity?::

Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Barbara

Middle Name:: S.
Family Name:: Fox
Name Suffix:: Ph.D.
City of Residence:: Wayland

State or Province of Residence:: MA

Street of Mailing Address:: 26 Pemberton Road

City of Mailing Address:: Wayland

State or Province of Mailing Address:: MA

Postal or Zip Code of Mailing Address:: 01778-4818

# **Correspondence Information**

Correspondence Customer Number:: 23483

Phone Number:: 617-526-6000

Fax Number:: 617-526-5000

E-Mail Address::

**Representative Information** 

Representative Customer Number:: 23483

**Domestic Priority Information** 

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/245,490	11/03/2000

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	<b>Priority Claimed::</b>

## **Assignee Information**

Assignee Name:: Addiction Therapies, Inc.

Street of Mailing Address:: 25 Main Street, #3

City of Mailing Address:: Wayland State of Mailing Address:: MA

State of Mailing Address::

Country of Residence::

Postal or Zip Code of Mailing Address:: 01778-5036